12-26-00

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UTILITY PATENT APPLICATION

101221EPD.US Attorney Docket No. **McCUNE** First Inventor

o TRANSMITTA	L	Title	DIRECT PHASE ANI) FRE	QUENCY	DEMODULATION				
(Only for new nonprovisional applications ur	nder 37 CFR 1.53(b))	Expres	s Mail Label No.	EF	4185734	181US				
APPLICATION ELEME	NTS	ADI	DRESS TO:	Assist	ant Comm	issioner for Paten				
See MPEP chapter 600 concerning utility pate.	nt application contents.				atent Appl ington, DC					
1. Fee Transmittal Form (e.g., PTO/SE (Submit an original and a duplicate for fee processin	3/17)	7.	CD-ROM or CD-	R in c	luplicate, I	arge table or				
2. Applicant claims small entity status. See 37 CFR 1.27.		8. Nu	Computer Progra	o Acid	<i>ppendix</i>) d Sequend	e Submission				
3. (preferred arrangement set forth below)	ges [10]]	a.	applicable, all neces. Computer Read	• /	Form (CR	 د -				
Descriptive title of the invention Cross Reference to Related Applications		b. Specification Sequence Listing on:								
 Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, 		i. ☐ CD-ROM or CD-R (2 copies); or								
or a computer program listing appendix - Background of the Invention		i i.☐ paper c. Statements verifying identity of above copies								
Brief Summary of the Invention Brief Description of the Drawings (if filed)		ACCOMPANYING APPLICATION PARTS								
- Detailed Description - Claim(s)	(l i				et & document(s))				
- Abstract of the Disclosure		10.	37 CFR 3.73(b) (when there is a	State	ement	Power of Attorney				
4. Drawing(s) (35 U.S.C. 113) [Total	al Sheets [🚡]	11.	English Transla		• ,	•				
	l Pages [2]	12.	Information Dis-			Copies of IDS Citations				
a. Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d))		13. [Preliminary Am							
o. (for continuation/divisional with Box 17 completed)			14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)							
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)			15. Certified Copy of Priority Document(s) (if foreign priority is claimed)							
named in the prior application, see 37 CFR 1 63(d)(2) and 1.33(b).			16. Other:							
6. Application Data Sheet. See 37 CFR 1.76										
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:										
Continuation Divisional Continuation-in-part (CIP) of prior application No										
Prior application information: Examiner Group / Art Unit										
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.										
18. CORRESPONDENCE ADDRESS										
Customer Number or Bar Code Label	sen Cüstomer No. or Allach bar o	ode label he	or 🔽	Co.	rrespondence	address below				
Name TROPIAN, IN	IC.									
	ATTENTION: PATENT COUNSEL									
	ns Creek Boulevard,	Suite								
City Cupertino		State	CA		Zip Code	95014-5649				
Country US	Telep	hone	(408) 865-1300		Fax	(408) 865-1385				
Name (PrintlType) Michael J. Uri	e	Reg	istration No. (Attori	ney/A	gent)	33,089				
Signature //hulu	ullan				ate 12	/21/00				

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for FY 2000		Application Number								
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Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statemen			First Named Inventor			McCL	JNE			3
otherwise large entity fees must be paid. See Forms PTO/SB/0		Examiner Name					5			
See 37 C.F.R. §§ 1.27 and 1.28. TOTAL AMOUNT OF PAYMENT (\$) 750		Group / Art Unit					0,	- 20		
		Attorney Docket No			101221EPD.US					
METHOD OF PAYMENT (check one)		FEE CALCULATION						ŞL		_
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1. BASIC FILING FEE	116	380	216	190	Extens	on for rep	oly within sec	ond month		
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2. EXTRA CLAIM FEES		1,210	242	605	Utility is	ssue fee (or reissue)			=
Extra Claims		430	243		-	issue fee				
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**or number previously paid, if greater; For Reissues, see below	126	240	126	240			to provisional			╝
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103 18 203 9 Claims in excess of 20	146	690	246	345	Filing a	submissi	on after final	•		\dashv
102 78 202 39 Independent claims in excess of 3	149	690	249	345		R § 1.129	r(a)) nal invention :	to ho	-	_
104 260 204 130 Multiple dependent claim, if not paid					examin	ed (37 CF	R § 1 129(b))		
109 78 209 39 ** Reissue independent claıms over original patent		ther fee (specify)							7	
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SUBTOTAL (2) (\$)	Redu	ced by	Basic	Filing F	ee Paid		SUBTOTAL	(3) (\$)	40	
SUBMITTED BY Complete (f applicable)										
Name (Printi Type) Michael J. Ure	_ [Registra (Attorne)			3,089)	Telephone	(408) 865-	1300	
Signature Mholendan						.,	Date	12/2/0	0	

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